



Benton County Emergency Services TRAINING APPLICATION

ATTN: Lynn Murphy
Benton County Emergency Services
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Name:

Position in Organization:

Name & Address of Organization Represented:

Work Phone:

Work Fax:

Work Email:

Mailing Address:

Home Phone:

Home Fax:

Home Email:

Social Security Number: (Voluntary – Used in Training Reporting System)

Male:

Female:

Course Name and Number:
Communications Unit Leader S-358

Course Date:
October 9 – October 11, 2006

Courses taken to meet prerequisite, including dates and locations:

IS 700 or ICS 700

Describe Need (required when indicated on announcement and for all out-of-state training) E.g. response team/specialized function/management/policy development/department trainer:

Will your department require overtime/backfill reimbursement:

Yes:

No:

Do you plan to commute each day:

Yes:

No:

Do you have any disabilities which require special consideration? If yes, explain:

Yes:

No:

Signature of Participant:

Signature of Agency Director, Dept. Chief or Training Director:

Date:

Date:

For Local EMD Use Only

Signature of Local Emergency Management Director/Designee:

Date:

For State EMD Use Only

Approved:

Waiting List:

Prerequisite Met:

Withdraw:

No Show:

----- Please note, applications without the signature of your agency head or Training Director will not be accepted -----